



▶ HEALTH PLAN DECISION GUIDE

A SHARED SOLUTION



OPEN ENROLLMENT: April 15-May 14, 2004





GEORGIA DEPARTMENT OF COMMUNITY HEALTH

OPEN ENROLLMENT PERIOD FOR 2004 – 2005
APRIL 15 – MAY 14, 2004

Check www.statehealth.org to make coverage changes online during Open Enrollment — or www.gabenefits.org if you participate in the Flexible Benefits Program offered through the Georgia Merit System.

PHONE NUMBERS AND CONTACTS FOR BENEFIT AND PROVIDER INFORMATION

PPO, PPO CHOICE OPTIONS (BASIC, PREMIER), INDEMNITY OPTIONS (BASIC, PREMIER)

- ▶ For rate information, contact your personnel/payroll representative
- ▶ For benefit coverage information, call Member Services at:
(800) 483-6983 (outside Atlanta),
or (404) 233-4479 (in Atlanta)

TDD line for the hearing impaired:
(800) 269-4719 (outside Atlanta),
(404) 842-8073 (in Atlanta)

During the Open Enrollment Period, call volume for these numbers is expected to be very high, and you may experience time on hold.

You can get both National and Georgia PPO provider information online at:
www.healthygeorgia.com

BEHAVIORAL HEALTH SERVICES

Contact Magellan for provider and referral information. 24 hours per day, 7 days per week. (800) 631-9943
www.magellanhealth.com

TDD line for hearing impaired:
(678) 319-3860 or (800) 201-8316

PRESCRIPTION DRUG PROGRAM INFORMATION

All Options except HMOs

Contact the Pharmacy Benefits Manager, Express Scripts, at (877) 650-9342

TDD line for the hearing impaired:
(800) 842-5754

HMOs

BlueChoice Healthcare Plan

(800) 464-1367

Online provider information:
www.bcbsga.com

CIGNA HealthCare of Georgia

(800) 564-7642

Online provider information:
www.cigna.com

Kaiser Permanente

(404) 261-2590

(800) 611-1811

Online provider information:
www.kaiserpermanente.org

UnitedHealthcare of Georgia

(866) 527-9599

Online provider information:
www.provider.uhc.com/gdch

Information on page 6 of this guide contains a notice of upcoming Plan changes effective on July 1, 2004. Prior to the start of the 2004 - 2005 Plan year, the Plan will post an *Updater*, which is your official notice of Plan changes effective July 1, 2004, to the DCH Web site, www.DCH.state.ga.us. You may print or request a paper copy from your personnel/payroll office. Please keep your Summary Plan Description (SPD) and *Updater* for future reference. If you are disabled and need this information in an alternative format, call the TDD Relay Service at (800) 255-0056 (text telephone) or (800) 255-0135 (voice) or write the SHBP at P.O. Box 38342, Atlanta, GA 30334.



REMEMBER THESE DEADLINES

For enrolling or making changes during the Open Enrollment Period — April 15 through May 14 — you can enter your changes on the Web sites or submit paperwork.

For most school boards and libraries:

- ▶ www.statehealth.org
Midnight (April 14) to midnight (May 14)
Available 24 hours a day, 7 days a week.

For most state agencies:

- ▶ www.gabenefits.org
7 a.m. (April 15) to midnight (May 14)
Available 7 a.m. to midnight, 7 days a week.

After sending your changes online, **be sure to obtain a confirmation number.** The confirmation number is your documentation that an online transaction occurred. Please keep this confirmation number in a safe place.



CONTENTS

| | |
|--|--------------------|
| PHONE NUMBERS AND CONTACTS FOR BENEFIT AND PROVIDER INFORMATION | INSIDE FRONT COVER |
| YOU ARE PART OF THE SOLUTION! | 2 |
| MAKING OPEN ENROLLMENT DECISIONS | 4 |
| WHAT'S CHANGING FOR 2004 – 2005 | 6 |
| UNDERSTANDING PROVIDER NETWORKS | 7 |
| ▶ INDEMNITY OPTIONS – BASIC AND PREMIER | 7 |
| ▶ PPO OPTIONS – BASIC AND PREMIER | 8 |
| ▶ PPO CHOICE OPTIONS – BASIC AND PREMIER | 9 |
| ▶ HMO OPTIONS | 10 |
| ▶ HMO CHOICE OPTIONS | 11 |
| BENEFITS COMPARISON: PPO, INDEMNITY AND HMO OPTIONS | 12 |
| SERVICE AREAS FOR YOUR HEALTH PLAN OPTIONS | 24 |
| HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) ANNUAL NOTICE | 29 |
| WOMEN'S HEALTH AND CANCER RIGHTS ACT | 30 |
| PENALTIES FOR MISREPRESENTATION | 30 |



YOU ARE PART OF THE SOLUTION!

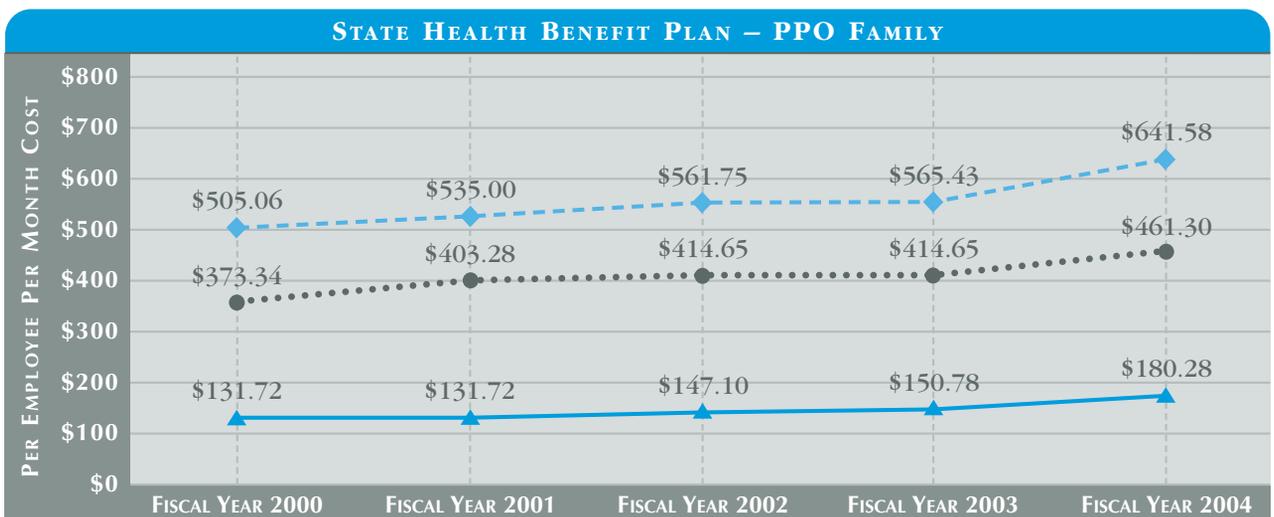
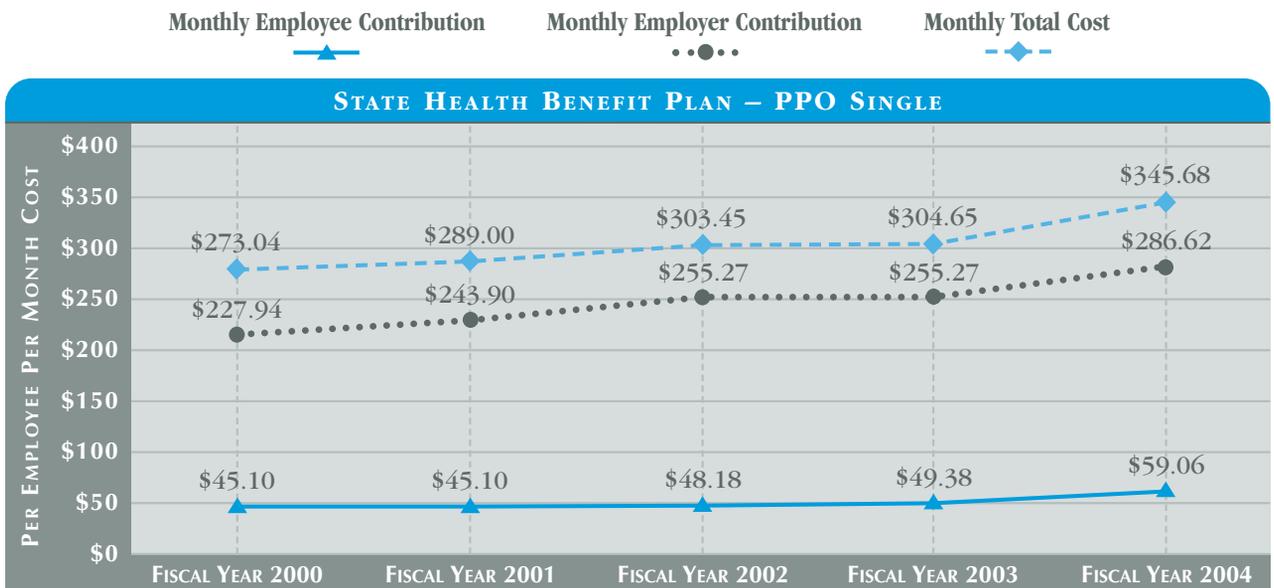
Each Open Enrollment, you wonder how much your healthcare benefits will cost this year. Monthly premiums continue to increase and benefits are modified. This is true for State Health Benefit Plan (SHBP) members as well as employees and retirees nationally. Why does this happen and how can we better manage healthcare costs?

Actually, you may be part of the solution.

People who do not understand their health coverage pay more, according to the American Medical Association. To help you better understand your plan and save your healthcare dollars, we have prepared a few points for you to consider.

Let's start by talking about how the SHBP works. It is a *self-funded plan* which means that all expenses are paid by employee premiums and employer funds. Approximately 95% of the premium goes directly to pay healthcare claims and 5% goes toward administering the Plan.

The graphs below provide you with an idea of how the cost of your healthcare is allocated between employees and employers.



So what can you do to help manage your healthcare costs and keep down the increase in premiums?

UNDERSTAND YOUR OPTIONS

Compare all your plan options, considering both the premium and out-of-pocket costs that you may incur. As part of your responsibility, it is extremely important that you read the Decision Guide, Pharmacy Benefit Comparison brochure and Summary Plan Description carefully. Web sites and phone numbers are listed on the inside front cover of the Decision Guide if you need more information.

Additionally, consider enrolling in a Health Care Spending Account, if available. For additional information, refer to page 4, Considerations.

BECOME A MORE PROACTIVE CONSUMER OF HEALTHCARE

Most people do not realize how much their treatments, medicines and tests cost. The illustration below is one example of the savings from choosing a generic drug instead of a brand-name drug.

Steps You Can Take Include:

- ▶ Shop in-network providers and pharmacies. Find out what your drugstore charges for a drug, not just the co-payment.
- ▶ Use generic medicines whenever possible.
- ▶ Make sure all procedures are precertified, if required.
- ▶ Talk to your provider. For example, ask your doctor if tests are necessary or if there are other forms of treatment.
- ▶ Check your Explanation of Benefits (if provided under your plan option) and if something does not make sense or seems to cost too much, ask your provider about it.

These and other steps you take to help manage healthcare expenses, reduce your out-of-pocket costs and those of the Plan. In addition, these steps will help in keeping premium costs down. As an informed consumer of healthcare, you can have an impact on what you have to pay for premiums and be part of the solution.

| PRESCRIPTION | MEMBER CO-PAYMENT | TOTAL PRESCRIPTION COST | COST TO THE SHBP |
|--------------|-------------------|-------------------------|------------------|
| BRAND NAME | \$25 | \$90 | \$65 |
| GENERIC | \$10 | \$42 | \$32 |
| SAVINGS | to you - \$15 | - | to SHBP - \$33 |



MAKING

OPEN ENROLLMENT DECISIONS

If you are a benefit-eligible employee hired before May 1, 2004, you have the opportunity to make benefit plan selections during this Open Enrollment Period. Selections requested during Open Enrollment will become effective on July 1, 2004. Refer to the Benefits Comparison section on pages 12-23 of this guide for an overview of the medical services covered by each option.

CONSIDERATIONS

Before choosing a new option, carefully review the benefits offered and network providers participating in the various options. Phone numbers and Web site addresses are listed on the inside of the front cover to assist you.

Knowing what your benefits cover can help prevent unexpected out-of-pocket expenses during the Plan year. After reviewing the in-network and out-of-network benefits, you may also want to consider participating in a Health Care Spending Account (HCSA) through the cafeteria program offered by your employer.

A HCSA helps you save tax dollars, approximately 26-45%, depending on your tax situation. By electing to use a HCSA, you may set aside up to \$5,040 annually to cover health-related treatment for yourself and your dependents. Eligible expenses include deductibles, co-payments, over-the-counter items for medical purposes and costs for certain procedures not covered under your health plan. The benefit of this account is that you're able to pay for these out-of-pocket costs with tax-free dollars! Contact your HR representative for more information.

PPO, PPO CHOICE AND INDEMNITY OPTIONS

Effective July 1, 2004, the current Indemnity, PPO and PPO Choice Options are **no longer** available. You will be offered new PPO and Indemnity Options. The new options will be known as PPO Basic, PPO Premier, PPO Choice Basic, PPO Choice Premier, Indemnity Basic and Indemnity Premier. The medical benefits in these new Plan options are the same as offered in the 2003-2004 Plan year; however, **there are significant changes to the pharmacy benefits.**

- ▶ **PPO Basic, PPO Choice Basic and Indemnity Basic** — These options offer a basic level of prescription coverage. The Basic pharmacy benefit *does not* offer a maximum out-of-pocket feature. You will pay a lower monthly premium than with the Premier option.
- ▶ **PPO Premier, PPO Choice Premier and Indemnity Premier** — These options offer a more extensive level of prescription coverage and a maximum out-of-pocket feature. You pay a higher monthly premium than with the Basic option.

Carefully review the Pharmacy Benefit Comparison brochure for specific information about the changes in the pharmacy benefits.

NOTE: If you do not submit a new election by May 14, 2004, your current Health Plan option under the PPO or PPO Choice plans will default to the PPO Basic or PPO Choice Basic Option. The current Indemnity Plan will default to the Indemnity Basic Option. This will result in a change from your current pharmacy benefit.

HMO OPTIONS

After reviewing the benefit comparison, if you wish to continue with your current HMO coverage, no action is required.

If you select one of the HMO Options, receipt of your HMO card could be delayed if the HMO does not receive your primary care physician (PCP) selection. Please contact the HMO Customer Service Department directly to make your PCP selection. *Note: UnitedHealthcare does not require the selection of a PCP.*

SUBMITTING YOUR OPEN ENROLLMENT ELECTION

The easiest and quickest way to enroll or make changes is online via the two secure Internet Web sites for Open Enrollment transactions. One is for employers that do not participate in the Flexible Benefits Program (FBP) offered through the Georgia Merit System (GMS) (e.g., most local school systems and libraries) and the other is for other employers that do participate in the FBP (e.g., most state agencies).

School systems and libraries not participating in the State FBP visit www.statehealth.org. Use the security access code on your Membership Change Worksheet from your personnel/payroll office to:

- ▶ Enroll in the SHBP;
- ▶ Change your address;
- ▶ Change your coverage option;
- ▶ Change your coverage type (Single/Family);

- ▶ Add or delete dependents; and
- ▶ Discontinue coverage.

Participants in the State FBP visit www.gabenefits.org. After you follow the instructions and enter your selected personal security information, you can make the same changes described above (except an address change), and you can:

- ▶ Enter selections related to other benefit programs offered in the FBP.

If you do not have Internet access, membership forms are available at your personnel/payroll office.

MAKING CHANGES WHEN YOU HAVE QUALIFYING EVENTS

The benefit selection you make during Open Enrollment will continue for the duration of the 2004–2005 Plan year, unless you experience certain changes in status as defined by federal law. Section 125 of the Internal Revenue Code, which governs the SHBP, does not permit canceling or otherwise changing your coverage during the Plan year unless you have a qualifying event.

For a complete description of qualifying events, see your SPD.



WHAT'S CHANGING

FOR 2004 – 2005

ID Card Changes:

Effective July 1, 2004, state law prohibits the printing of Social Security numbers on health benefit identification cards. New PPO and Indemnity cards will be issued in late June. The number that will be listed in lieu of the Social Security number has been randomly assigned. Please present your providers with a copy of your new card when receiving services.

For Indemnity, PPO and PPO Choice Option members:

The current PPO and Indemnity Options will not be offered effective July 1, 2004. They will be replaced by new PPO and Indemnity Options. The new options will be the PPO Basic, PPO Premier, PPO Choice Basic, PPO Choice Premier, Indemnity Basic and Indemnity Premier. The medical benefits in these options are the same as offered in the 2003–2004 Plan year. However, the new plans offer different choices in pharmacy benefits. Please refer to the Pharmacy Benefit Comparison brochure for specific information about the changes in the pharmacy benefits.

For HMO Option members:

| BENEFIT | BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
|---|--|--|--|--|
| Home Healthcare Services (require prior approval – PA) | None | None | 100% with PA; 120 visits max per Plan year (formerly 120 days) | None |
| HMO Service Area Changes | None | None | None | Yes |
| See pages 25-28 for a list of specific counties in the approved service area. | | | | |
| Pharmacy | See Pharmacy Benefit Comparison brochure | See Pharmacy Benefit Comparison brochure | See Pharmacy Benefit Comparison brochure | See Pharmacy Benefit Comparison brochure |

▶ UNDERSTANDING

PROVIDER NETWORKS

The State Health Benefit Plan has contracted with healthcare organizations that have been carefully reviewed and selected to provide the highest level of provider accessibility and quality of care. When selecting your health plan option during Open Enrollment, it is extremely critical that you fully understand how the provider network functions for the various health plan options:

INDEMNITY OPTIONS – BASIC AND PREMIER

The Indemnity Option is a traditional fee-for-service plan that generally provides the same benefit coverage level no matter which qualified medical provider you use. The Plan reimburses up to the Plan's allowed amounts for covered services. The Indemnity Option also uses contracted health care providers who have agreed to discounted rates without balance billing for charges over the allowed amount. As long as you use a participating provider, you may not be balance billed for covered services. However, not all Georgia providers participate in these special arrangements and **there are no participating Indemnity Network providers outside of Georgia**. In most instances, non-participating providers' billed charges are considerably higher than the Plan's allowed amounts. Hospital stays (even for emergencies) outside of Georgia can result in significant balance billing amounts. In some cases, this can be well in excess of \$10,000.

Points to Consider

- ▶ You may access any provider.
- ▶ You may pay most health care bills up to the deductible amount before the Plan starts paying benefits.
- ▶ You continue to pay co-insurance for covered services after meeting the deductible (up to the out-of-pocket maximum).
- ▶ When using a non-participating provider, including out-of-state hospitals, you are subject to balance billing for charges over the allowed amounts. These amounts do not apply to the out-of-pocket maximum.
- ▶ See the Pharmacy Benefit Comparison brochure to compare the Basic and Premier Pharmacy Options.
- ▶ You must call the Medical Certification Program (MCP) to precertify inpatient stays at non-participating hospitals, and members must precertify certain outpatient tests and procedures. Financial penalties apply if precertification rules are not followed.

NOTE: The State Health Benefit Plan does not have the legal authority to intervene when non-participating providers balance bill you; therefore, the State Health Benefit Plan cannot reduce or eliminate amounts balance billed. In addition, the Health Plan cannot make additional payments above the allowed amounts when you are balance billed by non-participating providers.

PPO OPTIONS – BASIC AND PREMIER

The PPO Options offer you a network of over 14,000 Georgia participating physicians and 166 Georgia hospitals managed by 1st Medical Network in the Georgia service area. You also have the added benefit of access to a national network of participating providers and hospitals across the United States, which is managed by the Beech Street Corporation. The PPO Options offer you the choice and flexibility of using in-network or out-of-network providers. In order to receive the highest level of benefit coverage and avoid filing claims and balance billing, you will need to use an in-network provider. If you choose to use an out-of-network provider, the reimbursement will be at a lower level of benefit coverage. Note, the Transplant and Behavioral Health Services (BHS) networks are separate from the 1st Medical Network.

To view the list of PPO providers online, visit www.healthygeorgia.com. If you do not have Internet access, call Member Services for provider information.

It is ultimately your responsibility to verify if a provider participates in the PPO network prior to receiving services. Providers may enter or leave the network at any time.

Points to Consider

- ▶ You do not need to select a primary care physician (PCP) or obtain referrals to see specialists.
- ▶ No balance billing when using participating PPO providers.
- ▶ You pay only a minimal co-payment for in-network PPO physician visits and other covered services (subject to deductibles).
- ▶ You may access any licensed out-of-network physician, specialist or hospital at any time. However, you will generally pay more for out-of-network services and charges are subject to balance billing.
- ▶ You must call the Medical Certification Program (MCP) to precertify inpatient stays and specified outpatient procedures when you are using out-of-network providers or Beech Street providers (National PPO network).
- ▶ Some physicians affiliated with our PPO networks may not accept new patients at certain times during the year or may drop out during the year. Please check with the physician of your choice before you enroll in one of the PPO options.
- ▶ See the Pharmacy Benefit Comparison brochure to compare the pharmacy programs.
- ▶ In-network hospitals may contract with out-of-network physicians or labs. You may be subject to balance billing by these providers.

PPO CHOICE OPTIONS – BASIC AND PREMIER

Benefits under the PPO Choice Options are the same as in the PPO Basic and PPO Premier Options. However, PPO Choice Option premiums are higher. In return for a higher premium, you can request that an out-of-network Georgia provider be reimbursed as an in-network provider. This request is known as a “nomination.” If the out-of-network provider accepts your nomination, agrees to the PPO fees, and is approved by the PPO, you will receive in-network benefits for that provider. The in-network relationship between you and the provider remains in effect until you or the provider terminates the agreement. You may nominate as many eligible providers as you wish at any time during the Plan year.

Points to Consider

- ▶ The PPO must approve your provider nomination **before** you receive services.
- ▶ If your provider does not accept your nomination, does not accept the network fees, or is not approved by the PPO Network Administrator, then services from that provider are covered at the lower, out-of-network benefit level. **SHBP rules do not allow a member to change options when a nominated provider or the PPO rejects a nomination.**
- ▶ Only providers located and licensed in Georgia can be nominated, even if you live out of state. After the PPO receives your nomination, the PPO has three business days to either reject or approve the nomination.

For further details regarding the nomination process and to obtain the necessary paperwork, please contact Member Services.

Note: The Behavioral Health Services (BHS) and transplant provider networks are separate from the PPO provider network. To nominate a BHS provider, contact the BHS Program at (800) 631-9943. For nominations of transplant providers, call (800) 828-6518 (outside Atlanta).

HMO OPTIONS

HMO Options are available only to SHBP-eligible employees who live or work in an approved HMO service area in Georgia. ***(See footnote.)** Please review the approved HMO service area list on pages 25-28 of this guide to determine if you are eligible for an HMO. If your residence circumstances change during the Plan year and you no longer live or work in an approved HMO service area, you will be required to change to another plan option.

HMOs provide prepaid benefits for most health-care needs, with no bills or claim forms. You are responsible for selecting a primary care physician (PCP) from a list of participating providers. **** (See footnote.)** You must receive care from your PCP or from a physician or facility referred by your PCP for your expenses to be covered, except in cases of emergency and in other limited cases. If you receive care from a physician other than your PCP, or without your PCP referral, there is no coverage even if the physician or facility is in the HMO network.

Points to Consider

- ▶ You must access physicians, specialists and hospitals offered through the HMO's network to receive benefits, except for emergencies as defined by the HMO.
- ▶ You choose a PCP to serve as your first point of contact for most health care services. **** (See footnote.)** Your covered family members must also select a PCP. The PCP is responsible for coordinating your healthcare services (specialists, ancillary providers, hospitals).
- ▶ Providers may drop out of the network at any time during the year and this is not a qualifying event to change coverage.
- ▶ See the Pharmacy Benefit Comparison brochure to compare the pharmacy programs.
- ▶ You pay only a minimal co-payment for HMO in-network physician visits, prescription drugs and some other covered services.
- ▶ You pay the full cost for non-referred services and for services received outside the HMO's participating network, except for emergencies.
- ▶ You have coordinated care through a network of HMO participating providers.
- ▶ In most cases, HMOs do not have a deductible to meet, so your out-of-pocket cost may be lower.
- ▶ There are no pre-existing condition limitations.
- ▶ You may be required to follow the HMO's standardized treatment plan for your condition. For example, you may be required to receive treatment from your primary care physician for a specified period before being referred to a specialist.
- ▶ All services received outside the State of Georgia must be coordinated through the HMO.

(*) Some contract groups that participate in the SHBP are not eligible to participate in the HMO Options.

() Note: UnitedHealthcare HMO does not require you to select a PCP or obtain referrals to see specialists.**

HMO CHOICE OPTIONS

If you are eligible for an HMO Option, you also are eligible for that HMO's Choice Option.

HMO Choice Option benefits are the same as the respective regular HMO Option benefits. However, the Choice Option premiums are higher. In return for a higher premium, the HMO Choice Option gives members the opportunity to request an out-of-network Georgia provider to be treated as an in-network provider. This request is known as a "nomination." You may nominate providers if they are located and licensed in Georgia and offer services covered by the HMO. In addition, you may nominate as many eligible providers as you wish at any time during the Plan year.

Points to Consider

- ▶ The HMO must approve your out-of-network provider **before** you receive medical services.
- ▶ If the out-of-network provider accepts your nomination, accepts the HMO's fees and is approved by the HMO, you may receive in-network benefits from that provider.
- ▶ If your provider does not accept your nomination, does not accept the HMO's fees, or is not approved by the HMO, services from that provider are not covered.
- ▶ **SHBP rules do not permit a member to change options when a nominated provider or HMO rejects a nomination.**

Please contact the Member Services Department of the respective HMO directly to find out more about the required procedures and paperwork necessary to nominate a provider. Telephone numbers are listed on the inside of the front cover.

YOU ARE PART OF THE SOLUTION!

UNDERSTANDING YOUR HEALTH PLAN OPTIONS

This section compares specific benefits within the PPO, Indemnity and HMO Options. For more specific information on covered services, call the Member Services numbers listed on the inside front cover.





BENEFITS COMPARISON: PPO, INDEMNITY AND HMO OPTIONS

SCHEDULE OF BENEFITS FOR YOU AND YOUR DEPENDENTS — JULY 1, 2004

| COVERED SERVICES | PPO OPTIONS — BASIC AND PREMIER | | |
|--|--|---|-------------------------------------|
| | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
| | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Maximum Lifetime Benefit (combined for all SHBP Options) | \$2 million | | |
| Pre-Existing Conditions (1st year in Plan only, subject to HIPAA) | \$1,000 | | |
| Lifetime Benefit Limit for Treatment of: (combined for PPO Option and Indemnity) <ul style="list-style-type: none"> ▶ Temporomandibular joint dysfunction (TMJ) ▶ Substance abuse ▶ Organ and tissue transplants ▶ Home hyperalimentation | \$1,100 3 episodes \$500,000 \$500,000 | | |
| Deductibles/Co-Payments: <ul style="list-style-type: none"> ▶ Deductible—individual ▶ Deductible—family maximum | \$400 \$1,200 | In-Network/Out-of-State & Out-of-Network amounts combined \$500 \$1,500 | |
| <ul style="list-style-type: none"> ▶ Hospital deductible/admission—excluding BHS and transplants ▶ Hospital deductible/admission—BHS and transplants ▶ Hospital co-payment | \$250 \$100 None | \$250 \$100 None | \$250 \$100 None |
| Annual Out-of-Pocket Limits: <ul style="list-style-type: none"> ▶ Individual (you or one of your dependents) ▶ Family (you and your dependents) | \$1,000 \$2,000 | In-Network/Out-of-State & Out-of-Network amounts combined \$2,000 \$4,000 | |
| <ul style="list-style-type: none"> ▶ BHS program (per patient); BHS authorized care only | \$2,500 | | |
| PHYSICIANS' SERVICES | | | |
| Primary Care Physician and/or Referral Required | No | No | No |
| Primary Care Physician or Specialist Office or Clinic Visits: <ul style="list-style-type: none"> ▶ Treatment of illness or injury | 100% NR* after a per visit co-payment of \$30; not subject to deductible | 100% NR* after a per visit co-payment of \$30; not subject to deductible | 60% of OONR*; subject to deductible |

* See legend on page 22 for definitions of NR, OONR and IR.

| INDEMNITY OPTIONS |
|---|
| BASIC AND PREMIER |
| <i>The Plan Pays:</i> |
| \$2 million |
| \$1,000 |
| \$1,100 3 episodes \$500,000 \$500,000 |
| \$400 \$1,200 |
| \$400 |
| \$100 |
| None |
| \$2,000 \$4,000 |
| \$2,500 |
| No |
| 90% of IR*; subject to deductible |

| HMO OPTIONS | | | |
|--|--|--|--|
| BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
| <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| \$2 million | \$2 million | No lifetime benefit maximums | \$2 million |
| None | None | None | None |
| No separate lifetime benefit limit |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| \$200 | \$200 | \$200 | \$200 |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Yes | Yes | Yes | No |
| 100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care | 100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care | 100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care | 100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care |

PPO OPTIONS — BASIC AND PREMIER

| | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
|---|--|---|---|
| COVERED SERVICES | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Primary Care Physician or Specialist Office or Clinic Visits for the Following: <ul style="list-style-type: none"> ▶ Wellness care/preventive healthcare ▶ Well-newborn exam ▶ Well-child exams and immunizations ▶ Annual physicals ▶ Annual gynecological exams | 100% of NR after \$30 co-payment per office visit. 100% of NR with no co-payment for associated tests and immunizations. Maximum of \$500 payable per person per Plan year for all preventive services. Maximum combined with In-Network/Out-of-State benefit. | 100% of NR after \$30 co-payment per office visit. 100% of NR with no co-payment for associated tests and immunizations. Maximum of \$500 payable per person per Plan year for all preventive services. Maximum combined with In-Network/Georgia benefit. | Not covered. Charges do not apply to deductible or annual out-of-pocket limits. |
| Notes: Lab and test charges include such services as mammograms, prostate screenings/PSAs, and pap tests. Covered according to preventive care age schedules. Covered care schedules are online at www.healthygeorgia.com or call Member Services at (800) 483-6983 (outside Atlanta) or (404) 233-4479 (inside Atlanta). | | | |
| Maternity Care (prenatal, delivery and postpartum) | 90% of NR; not subject to deductible after initial \$30 co-payment | 80% of NR; not subject to deductible after initial \$30 co-payment | 60% of OONR; subject to deductible and to balance billing |
| Physician Services Furnished in a Hospital <ul style="list-style-type: none"> ▶ Surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| <ul style="list-style-type: none"> ▶ Inpatient well-newborn exams | 100% of NR; not subject to deductible | 100% of NR; not subject to deductible | Not covered |
| Physician Services for Emergency Care | 90% of NR; subject to deductible | 90% of NR; subject to In-Network/Georgia deductible | 90% of NR; subject to In-Network/Georgia deductible and to balance billing |
| Outpatient Surgery - <ul style="list-style-type: none"> ▶ When billed as office visit | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| <ul style="list-style-type: none"> ▶ When billed as outpatient surgery at a facility | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| HOSPITAL SERVICES | | | |
| Inpatient Services <ul style="list-style-type: none"> ▶ Inpatient care, delivery and inpatient short-term acute rehabilitation services | 90% of NR; subject to a per admission deductible of \$250 | 80% of NR; subject to a per admission deductible of \$250 | 60% of OONR; subject to a per admission deductible of \$250 |
| <ul style="list-style-type: none"> ▶ Outpatient services <ul style="list-style-type: none"> ▶ Non-emergency use of the emergency room ▶ Other | 90% of NR; subject to deductible; Subject to \$100/visit co-payment | 80% of NR; subject to deductible; Subject to \$100/visit co-payment | 60% of OONR; subject to deductible; Subject to \$100/visit co-payment |
| <ul style="list-style-type: none"> ▶ Well-newborn care | 100% of NR; not subject to deductible | 100% of NR; not subject to deductible | Not covered |

INDEMNITY OPTIONS

BASIC AND PREMIER

The Plan Pays:

90% of IR per office visit after deductible.
100% of IR with no deductible for associated lab and test charges, up to a maximum of \$200 per person per Plan year; additional \$125 benefit for screening mammogram.

Note: PPO notes to the left also apply here.

90% of IR;
subject to deductible

90% of IR;
subject to deductible

Not covered

90% of IR; subject to deductible and to balance billing from non-participating providers

90% of IR;
subject to deductible

90% of IR;
subject to deductible

90% of IR;
subject to a per admission deductible of \$400

90% of IR; subject to deductible. If services are in conjunction with non-emergency use of the emergency room, benefit also subject to \$100/visit co-payment

90% of IR; subject to per admission deductible of \$100

HMO OPTIONS

BLUECHOICE

CIGNA

KAISER PERMANENTE

UNITEDHEALTHCARE

The Plan Pays:

The Plan Pays:

The Plan Pays:

The Plan Pays:

100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care. No co-payment for immunizations and mammograms.

100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care. No co-payment for immunizations and mammograms.

100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care. No co-payment for immunizations and mammograms.

100% after a per visit co-payment of \$15 for primary care and \$20 for specialty care. No co-payment for immunizations and mammograms.

100% after initial \$20 co-payment

100%

100%

100%

100%

100%

100%

100%

100%

100% after applicable co-payment

100% after applicable co-payment

100% after applicable co-payment

100% after applicable co-payment

100% after \$20 co-payment if billed as office visit

100% after \$20 co-payment if billed as office visit

100% after \$20 co-payment if billed as office visit

100% after \$20 co-payment if billed as office visit

\$100 co-payment for outpatient surgery

100% after \$200 per confinement co-payment

PCP prior authorization required for coverage

PCP prior authorization required for coverage

PCP prior authorization required for coverage

Requires prior authorization from HMO

100%

100%

100%

100%

PPO OPTIONS — BASIC AND PREMIER

| | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
|---|---|---|--|
| COVERED SERVICES | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Outpatient Surgery - Hospital/Facility | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| Emergency Care ▶ Treatment of an emergency medical condition or injury | 90% NR after a per visit co-payment of \$100; co-insurance and hospital deductible apply, if admitted | 90% NR after a per visit co-payment of \$100; co-insurance and hospital deductible apply, if admitted | 90% OONR after a per visit co-payment of \$100; co-insurance and hospital deductible apply, if admitted. Subject to balance billing. |
| Note: \$100 co-payments are reduced to \$80 if referred by NurseCall 24 before receiving emergency room services | | | |
| OUTPATIENT TESTING, LAB, ETC. | | | |
| Laboratory; X-Rays; Diagnostic Tests; Injections, including Medications Covered Under Medical Benefits - for the Treatment of an Illness or Injury | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| Allergy Shots and Serum | 100% of NR; not subject to the deductible. If physician is seen, visit is treated as an office visit subject to the per visit copayment of \$30 | 100% of NR; not subject to the deductible. If physician is seen, visit is treated as an office visit subject to the per visit copayment of \$30 | 60% of OONR; subject to deductible |
| Allergy Testing | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| BEHAVIORAL HEALTH | | | |
| Mental Health and Substance Abuse Inpatient Facility | 90% of NR; subject to deductible and separate hospital deductible, if admitted when authorized by BHS | 90% of NR; subject to deductible and separate hospital deductible, if admitted when authorized by BHS | 60% of NR; subject to deductible and separate hospital deductible, if admitted when authorized by BHS |
| Note: 1. All services require prior authorization. 2. Inpatient facility charges (limited to 60 combined mental health and substance abuse days per person per Plan year). 3. Substance Abuse coverage limited to three episodes per lifetime. | | | |
| Partial Day Hospitalization and Intensive Outpatient | 90% of NR; subject to deductible and separate hospital deductible, if admitted when authorized by BHS | 90% of NR; subject to deductible and separate hospital deductible, if admitted when authorized by BHS | No benefit |
| Note: 1. Maximum benefit of 30 combined PHP/IOP visits/days per person per Plan year. 2. Benefit coverage is only available when using an in-network Magellan provider for partial/day hospitalization and intensive outpatient charges. | | | |

| INDEMNITY OPTIONS |
|--|
| BASIC AND PREMIER |
| <i>The Plan Pays:</i> |
| 90% of IR; subject to deductible |
| 90% IR after a per visit co-payment of \$100; co-insurance and hospital deductible, if admitted, apply. Subject to balance billing from non-participating providers. |
| ----- |
| Note: PPO note to the left also applies here. |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible if admitted when authorized by BHS |
| ----- |
| Note: PPO notes to the left also apply here. |
| 90% of IR; subject to deductible and separate hospital deductible, if admitted |
| ----- |
| Note: PPO notes to the left also apply here. |

| HMO OPTIONS | | | |
|--|--|--|--|
| BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
| <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| 100% after \$100 per confinement co-payment | 100% after \$100 per confinement co-payment | 100% after \$100 per confinement co-payment | 100% after \$100 per confinement co-payment |
| 100% after a per visit co-payment of \$50 (co-payment waived if admitted) | 100% after a per visit co-payment of \$50 (co-payment waived if admitted) | 100% after a per visit co-payment of \$50 (co-payment waived if admitted) | 100% after a per visit co-payment of \$50 (co-payment waived if admitted) |
| 100% | 100% | 100% | 100% |
| 100% for shots and serum after a \$20 co-payment per visit | 100% for shots and serum after a \$20 co-payment per visit | \$5 for shots and \$50 for a six-month supply of serum | 100% for shots and serum after a \$20 co-payment per visit |
| 100% after a \$20 per visit co-payment | 100% after a \$20 per visit co-payment | 100% after a \$20 per visit co-payment | 100% after a \$20 per visit co-payment |
| 100% after \$50 co-payment per confinement; limited to 30 days per Plan year | 100% after \$50 co-payment per confinement; limited to 30 days per Plan year | 100% after \$50 co-payment per confinement; unlimited days for mental health; 30-day limit for substance abuse | 100% after \$50 co-payment per confinement; limited to 30 days per Plan year |
| ----- | ----- | ----- | ----- |
| Outpatient Care: 100% after \$20 per visit co-payment; limited to 25 visits per Plan year | Outpatient Care: 100% after \$20 per visit co-payment; limited to 25 visits per Plan year | Outpatient Care: 100% after \$20 per visit co-payment; unlimited days for mental health; limited to 25 visits for substance abuse per Plan year | Outpatient Care: 100% after \$20 per visit co-payment; limited to 25 visits per Plan year |
| Not applicable | Not applicable | Not applicable | Not applicable |

PPO OPTIONS — BASIC AND PREMIER

| COVERED SERVICES | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
|---|--|---|---|
| | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| 23 Hour Observation Room (requires prior authorization to receive coverage.) | 90% of NR; subject to \$100 deductible | 90% of NR; subject to \$100 deductible | No benefit |
| Professional Charges Inpatient (combined total for substance abuse and mental health) | 80% of NR; subject to deductible. Maximum 1 visit per authorized day when authorized by BHS | 80% of NR; subject to deductible. Maximum 1 visit per authorized day when authorized by BHS | 50% of NR; subject to deductible and balance billing. Maximum of 25 professional visits per person per Plan year. |
| Outpatient (Pre-certification required to receive coverage.) | 80% of NR; subject to deductible when authorized by BHS, limited to 50 visits per Plan year. | 80% of NR; subject to deductible when authorized by BHS, limited to 50 visits per Plan year. | 50% of NR; subject to deductible (without authorization) and balance billing. Maximum 25 combined mental health, substance abuse and brief therapy visits per person per Plan year. Limited to services rendered by a Psychiatrist (M.D.) or a psychologist (Ph.D.) |
| | Note: In-network maximum coverage of 50-combined mental health, substance abuse, and brief therapy visits per person per Plan year. Limit includes 25 out-of-network counseling sessions and 3 brief visits. | | |
| Brief-Visit Therapy (limit - 3 visits per Plan Year; requires BHS prior authorization.) | 100%; not subject to deductible | 90%; not subject to deductible | No benefit |
| | Note: Visits are included in the 50-visit limit of outpatient care. | | |
| DENTAL | | | |
| Dental and Oral Care Coverage for most procedures for the prompt repair of sound natural teeth or tissue for the correction of damage caused by traumatic injury | 90% of NR; subject to deductible and, if admitted, to hospital deductible. Network providers may not be available for all covered services; charges are paid at 90% NR, subject to balance billing | 80% of NR; subject to deductible and, if admitted, to hospital deductible. Network providers may not be available for all covered services; charges are paid at 80% NR, subject to balance billing | 60% of OONR; subject to deductible and, if admitted, to hospital deductible |
| Coverage of specific osseous surgeries for the treatment of periodontal disease | Not covered | Not covered | Not covered |
| Temporomandibular joint syndrome (TMJ) Note: Coverage for diagnostic testing and non-surgical treatment of TMJ, up to \$1,100 per person lifetime maximum benefit. This does not apply to the HMOs. | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |

| INDEMNITY OPTIONS |
|---|
| BASIC AND PREMIER |
| <i>The Plan Pays:</i> |
| 90% of IR; subject to \$100 deductible |
| 80% of IR; subject to deductible and balance billing. PPO benefits apply when authorized by BHS |
| 80% of IR; subject to deductible when authorized by BHS, limited to 50 visits per Plan year. |
| ----- |
| Note: PPO notes to the left also apply here. |
| 100%; not subject to deductible |
| ----- |
| Note: PPO note to the left also applies here. |
| 90% of IR; subject to deductible and, if admitted, to hospital deductible. |
| ----- |
| Not covered |
| 90% of IR; subject to deductible |

| HMO OPTIONS | | | |
|---|---|---|---|
| BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
| <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| Not applicable | Not applicable | Not applicable | Not applicable |
| 100% after applicable oral surgery co-payment and dental services for accidental injury to sound teeth | 100% after applicable oral surgery co-payment and dental services for accidental injury to sound teeth | Services/appliances for accidental injury to sound and natural teeth: 50% coverage on first \$1,000, 100% thereafter | 100% after applicable oral surgery co-payment and dental services for accidental injury to sound teeth |
| ----- | ----- | ----- | ----- |
| Not covered | Not covered | Not covered | Not covered |
| 100% after applicable co-payment for related surgery and diagnostic services. Excludes appliances and orthodontic treatment | 100% after applicable co-payment for related surgery and diagnostic services. Excludes appliances and orthodontic treatment | 50% for non-surgical treatment; 100% after applicable co-payment for related surgery and diagnostic services. Excludes appliances and orthodontic treatment | 100% after applicable co-payment for related surgery and diagnostic services. Excludes appliances and orthodontic treatment |

PPO OPTIONS — BASIC AND PREMIER

| | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
|--|---|---|---|
| COVERED SERVICES | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| VISION | | | |
| | <p>Note: PPO Options include a discount program for vision screenings and eyewear. Contact BlueChoice Vision Program at (800) 377-6436 or visit www.bcbsga.com for more information. Vision program availability is subject to change during the Plan year.</p> | | |
| OTHER COVERAGE | | | |
| <p>Ambulance Services for Emergency Care</p> <p>Note: "Land or air Ambulance" to nearest facility to treat the condition.</p> <p>Note: Limited to transportation for emergencies and benefits subject to balance billing for non-participating providers of ambulance services.</p> | 90% of NR; subject to deductible | 90% of NR; subject to In-Network/Georgia deductible | 90% of OONR; subject to In-Network/Georgia deductible |
| Urgent Care Services in an Approved Urgent Care Center | 90% of NR after a per visit co-payment of \$45; subject to deductible | 90% of NR after a per visit co-payment of \$45; subject to deductible | Not applicable |
| Home Healthcare Services Approved in Advance by the MCP | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| | <p>Notes: Home nursing care not reviewed by the MCP; Covers two hours of medically necessary skilled home care per day by RN or LPN if ordered by a physician; \$7,500 per Plan year limit is a combined total in PPO Options. Member's share of cost is not applied to Plan year out-of-pocket limits.</p> | | |
| Skilled Nursing Facility Services | Not covered | Not covered | Not covered |
| <p>Hospice Care</p> <p>Note: Indemnity-MCP may approve additional benefits in lieu of Acute Care hospitalization.</p> | 100% of NR; subject to deductible | 100% of NR; subject to deductible | 60% of OONR; subject to deductible |
| Durable Medical Equipment (DME) – Rental or Purchase | 90% of NR; subject to deductible | 80% of NR; subject to deductible | 60% of OONR; subject to deductible |
| Outpatient Acute Short-Term Rehabilitation Services | 90% of NR; subject to deductible and \$20 per visit co-payment | 80% of NR; subject to deductible and \$20 per visit co-payment | 60% of OONR; subject to deductible |
| | <p>Note: Coverage for up to 40 visits per Plan year when conditions are met for physical, speech, occupational therapies and for cardiac rehabilitation.</p> | | |

| INDEMNITY OPTIONS |
|---|
| BASIC AND PREMIER |
| <i>The Plan Pays:</i> |
| Note: PPO note to the left also applies here. |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible |
| ----- Note: PPO notes to the left also apply here. |
| Not covered |
| 100% of IR, up to Medicare's approved lifetime maximum; subject to deductible |
| 90% of IR; subject to deductible |
| 90% of IR; subject to deductible |
| ----- Note: PPO note to the left also applies here. |

| HMO OPTIONS | | | |
|---|---|--|---|
| BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
| <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Each HMO Option may offer vision care discounts or benefits. Contact the HMO directly for more information. | | | |
| 100% | 100% | 100% after a \$50 per trip co-payment when medically necessary | 100% |
| 100% after \$25 co-payment, referral required | 100% after \$25 co-payment | 100% after \$30 co-payment | 100% after \$25 co-payment |
| 100%; up to 120 visits per Plan year | 100%; up to 120 visits per Plan year | 100%; up to 120 visits per Plan year | 100%; up to 120 visits per Plan year |
| 100%; prior approval required, up to 45 days per Plan year | 100%; prior approval required, up to 45 days per Plan year | 100%; prior approval required, up to 45 days per Plan year | 100%; prior approval required, up to 120 days per Plan year |
| 100%; prior approval required | 100%; prior approval required | 100%; prior approval required | 100%; prior approval required |
| 100% when medically necessary | 100% when medically necessary | 100% when medically necessary | 100% when medically necessary |
| 100% after \$20 per visit co-payment; up to 40 visits per Plan year | 100% after \$20 per visit co-payment; up to 40 visits per Plan year | 100% after \$20 per visit co-payment; up to 40 visits per Plan year or up to two consecutive months per condition, whichever is more | 100% after \$20 per visit co-payment; up to 40 visits per Plan year |

PPO OPTIONS — BASIC AND PREMIER

| COVERED SERVICES | PPO OPTIONS In-Network/Georgia | PPO OPTIONS In-Network/Out-of-State | PPO OPTIONS Out-of-Network |
|--|--|--|---|
| | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> | <i>The Plan Pays:</i> |
| Chiropractic Care Note: Coverage for up to a maximum of 40 visits per Plan year. | 90% of NR; subject to deductible and \$20 per visit co-payment | 80% of NR; subject to deductible and \$20 per visit co-payment | 60% of OONR; subject to deductible |
| Transplant Services | 90% of NR; subject to deductible at Unicare contracted network facility | 90% of NR; subject to deductible at Unicare contracted network facility | 60% of NR; subject to deductible and balance billing |
| Note: Services provided through Unicare Centers of Excellence for PPO and Indemnity. | | | |

IMPORTANT PPO AND INDEMNITY CONSIDERATIONS

See the Summary Plan Description and *Updaters* for coverage details, including limitations and exclusions.

- ▶ Charges from non-participating providers are subject to balance billing. These charges are the member's responsibility and do not count toward deductibles or out-of-pocket spending limits.
- ▶ Services covered under the PPO from an In-Network/Georgia provider will apply only to the In-Network/Georgia deductible and out-of-pocket limit.
- ▶ Services covered under the PPO from In-Network/Out-of-State and Out-of-Network providers apply to the same deductible.
- ▶ Lifetime benefit maximums are combined totals among the PPO Options, Indemnity Options and HMO Options (except Kaiser Permanente).
- ▶ Some PPO annual maximums and limitations are combined totals.
- ▶ Annual dollar and visit limitations, deductibles and out-of-pocket spending limits are based on a July 1 to June 30 Plan year.
- ▶ Some services may require MCP precertification, prior approval or letters of medical necessity before such services are covered.
- ▶ Co-payments do not apply toward deductibles or out-of-pocket limits unless otherwise noted.
- ▶ Exclusions and limitations vary among Plan options. Contact specific Plan option for more information.

* NR = Network Rate for in-network PPO services
 OONR = Out-of-Network Rate for out-of-network PPO services
 IR = Indemnity Rate for Indemnity services

INDEMNITY OPTIONS

BASIC AND PREMIER

The Plan Pays:

90% of IR;
subject to deductible

90% of NR
at contracted facility;
60% NR subject to
\$100 hospital deductible

Note: PPO note to the left
also applies here.

HMO OPTIONS

BLUECHOICE

CIGNA

KAISER PERMANENTE

UNITEDHEALTHCARE

The Plan Pays:

The Plan Pays:

The Plan Pays:

The Plan Pays:

100% after
\$20 co-payment per
visit; limited to 20 visits
per Plan year

100% after
\$20 co-payment per
visit; limited to 20 visits
per Plan year

100% after
\$20 co-payment per
visit; limited to 20 visits
per Plan year

100% after
\$20 co-payment per
visit; limited to 20 visits
per Plan year

100%

100%

100%

100%

IMPORTANT HMO CONSIDERATIONS

- ▶ Annual dollar and visit limitations are based on a July 1 to June 30 Plan year.
- ▶ Some services may require prior authorization by the HMO before such services are covered. Also, some services may have limitations not contained in this summary.
- ▶ Most HMOs require the selection of a primary care physician (PCP) to manage your care. Failure to specify a PCP could delay receipt of your ID card. However, in some instances the HMO assigns you a PCP located near your residence if a PCP is not specified.
Note: UnitedHealthcare does not require the selection of a PCP.
- ▶ Most HMOs require you to obtain referrals to see most specialists. Failure to obtain a referral could result in denial of your claim. Note: UnitedHealthcare does not require a referral for coverage of specialist services.
- ▶ Contact the HMO directly for more details regarding covered services, exclusions and limitations.



SERVICE AREAS

FOR YOUR HEALTH PLAN OPTIONS

SERVICE AREAS

Service areas are State-approved geographic areas, such as counties or zip codes, where providers participate in the network offered by the Plan option in which you have enrolled.

PPO AND PPO CHOICE OPTIONS – BASIC AND PREMIER

Georgia Service Area

The Georgia service area includes the state of Georgia and the border communities of the Chattanooga, Tennessee area, including Bradley County; and Phenix City, Alabama. The zip code area in which you **receive a service** is used to determine whether or not you are in the Georgia service area. If you receive covered services from a 1st Medical Network provider located in one of the zip codes to the right, you receive the highest level of coverage available in the PPO options.

Out-of-State/National Service Area

The out-of-state service area includes all national locations outside of the Georgia service area described to the right. By using Beech Street providers outside of the Georgia service area, you are protected against balance billing (being charged more than what the Plan allows). However, use of Beech Street providers inside the Georgia service area is considered out-of-network care with lower levels of coverage and separate deductibles, unless the provider also is a 1st Medical Network participant.

GEORGIA:

All counties; all zip codes

ALABAMA:

Russell County (Phenix City area): 36851, 36856, 36858, 36859, 36860, 36867, 36868, 36869, 36870, 36871 and 36875.

TENNESSEE:

Bradley County (Cleveland area): 37310, 37311, 37312, 37320, 37323, 37353 and 37364.

Hamilton County (Chattanooga area): 37302, 37304, 37308, 37315, 37341, 37343, 37350, 37351, 37363, 37373, 37377, 37379, 37384, 37401, 37402, 37403, 37404, 37405, 37406, 37407, 37408, 37409, 37410, 37411, 37412, 37414, 37415, 37416, 37419, 37421, 37422, 37424 and 37450.

HMO OPTIONS

You must live or work in the HMO's approved service area to be eligible for coverage under that option. Below are the HMO Options service areas by county. If you live or work in a county marked "Yes" under any of the HMOs listed, you may enroll in that HMO. If the county where you live or work is not listed below, you are not eligible for HMO coverage. Service area changes for the 2004-05 Plan year are in **bold** type.

| COUNTY OF RESIDENCE | BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
|---------------------|---------------|---------------|-------------------|------------------|
| Appling | Not Available | Yes | Not Available | Yes |
| Atkinson | Not Available | Not Available | Not Available | Yes |
| Bacon | Not Available | Yes | Not Available | Yes |
| Baldwin | Not Available | Not Available | Not Available | Not Available |
| Banks | Yes | Not Available | Not Available | Yes |
| Barrow | Yes | Yes | Yes | Yes |
| Bartow | Yes | Yes | Yes | Yes |
| Ben Hill | Not Available | Not Available | Not Available | Yes |
| Berrien | Not Available | Not Available | Not Available | Yes |
| Bibb | Yes | Yes | Not Available | Yes |
| Bleckley | Yes | Yes | Not Available | Yes |
| Brooks | Not Available | Not Available | Not Available | Yes |
| Bryan | Yes | Yes | Not Available | Yes |
| Bulloch | Yes | Yes | Not Available | Yes |
| Burke | Yes | Yes | Not Available | Yes |
| Butts | Yes | Yes | Yes | Yes |
| Candler | Not Available | Yes | Not Available | Yes |
| Carroll | Yes | Not Available | Not Available | Yes |
| Catoosa | Not Available | Yes | Not Available | Yes |
| Chatham | Yes | Yes | Not Available | Yes |
| Chattahoochee | Yes | Not Available | Not Available | Yes |
| Chattooga | Yes | Yes | Not Available | Yes |
| Cherokee | Yes | Yes | Yes | Yes |
| Clarke | Yes | Yes | Not Available | Yes |
| Clayton | Yes | Yes | Yes | Yes |

Chart continued pg. 26 ▶

| COUNTY OF RESIDENCE | BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
|---------------------|---------------|---------------|-------------------|------------------|
| Clinch | Not Available | Not Available | Not Available | Yes |
| Cobb | Yes | Yes | Yes | Yes |
| Colquitt | Not Available | Not Available | Not Available | Yes |
| Columbia | Yes | Yes | Not Available | Yes |
| Cook | Not Available | Not Available | Not Available | Yes |
| Coweta | Yes | Yes | Yes | Yes |
| Crawford | Yes | Not Available | Not Available | Yes |
| Dade | Not Available | Yes | Not Available | Yes |
| Dawson | Yes | Not Available | Not Available | Yes |
| Decatur | Not Available | Not Available | Not Available | Yes |
| DeKalb | Yes | Yes | Yes | Yes |
| Dodge | Not Available | Not Available | Not Available | Not Available |
| Douglas | Yes | Yes | Yes | Yes |
| Early | Not Available | Not Available | Not Available | Yes |
| Echols | Not Available | Not Available | Not Available | Yes |
| Effingham | Yes | Yes | Not Available | Yes |
| Elbert | Yes | Yes | Not Available | Yes |
| Emanuel | Yes | Yes | Not Available | Yes |
| Evans | Not Available | Yes | Not Available | Yes |
| Fannin | Not Available | Not Available | Not Available | Not Available |
| Fayette | Yes | Yes | Yes | Yes |
| Floyd | Yes | Yes | Not Available | Yes |
| Forsyth | Yes | Yes | Yes | Yes |
| Franklin | Yes | Yes | Not Available | Not Available |
| Fulton | Yes | Yes | Yes | Yes |
| Gilmer | Yes | Not Available | Not Available | Not Available |
| GlascocK | Yes | Not Available | Not Available | Yes |
| Gordon | Yes | Yes | Not Available | Yes |
| Grady | Not Available | Not Available | Not Available | Yes |
| Greene | Yes | Yes | Not Available | Yes |
| Gwinnett | Yes | Yes | Yes | Yes |
| Habersham | Not Available | Not Available | Not Available | Yes |
| Hall | Yes | Yes | Yes | Yes |
| Harris | Yes | Yes | Not Available | Yes |

| COUNTY OF RESIDENCE | BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
|---------------------|---------------|---------------|-------------------|------------------|
| Hart | Yes | Not Available | Not Available | Not Available |
| Heard | Yes | Not Available | Not Available | Not Available |
| Henry | Yes | Yes | Yes | Yes |
| Houston | Yes | Not Available | Not Available | Yes |
| Jackson | Yes | Yes | Not Available | Yes |
| Jasper | Not Available | Not Available | Not Available | Yes |
| Jefferson | Yes | Yes | Not Available | Yes |
| Jenkins | Yes | Not Available | Not Available | Yes |
| Johnson | Yes | Not Available | Not Available | Yes |
| Jones | Yes | Yes | Not Available | Yes |
| Lamar | Not Available | Yes | Not Available | Yes |
| Lanier | Not Available | Not Available | Not Available | Yes |
| Laurens | Not Available | Yes | Not Available | Not Available |
| Liberty | Yes | Yes | Not Available | Yes |
| Lincoln | Yes | Yes | Not Available | Yes |
| Long | Not Available | Yes | Not Available | Yes |
| Lowndes | Not Available | Not Available | Not Available | Yes |
| Lumpkin | Yes | Not Available | Not Available | Yes |
| Madison | Yes | Yes | Not Available | Yes |
| Marion | Yes | Yes | Not Available | Yes |
| McDuffie | Yes | Yes | Not Available | Yes |
| Meriwether | Yes | Not Available | Not Available | Yes |
| Mitchell | Not Available | Not Available | Not Available | Yes |
| Monroe | Yes | Yes | Not Available | Yes |
| Morgan | Yes | Not Available | Not Available | Yes |
| Muscogee | Yes | Yes | Not Available | Yes |
| Newton | Yes | Yes | Yes | Yes |
| Oconee | Yes | Yes | Not Available | Yes |
| Oglethorpe | Yes | Yes | Not Available | Yes |
| Paulding | Yes | Yes | Yes | Yes |
| Peach | Yes | Not Available | Not Available | Yes |
| Pickens | Yes | Not Available | Not Available | Yes |
| Pierce | Not Available | Not Available | Not Available | Yes |
| Pike | Not Available | Yes | Not Available | Yes |

Chart continued pg.28 ▶

| COUNTY OF RESIDENCE | BLUECHOICE | CIGNA | KAISER PERMANENTE | UNITEDHEALTHCARE |
|---------------------|---------------|---------------|-------------------|------------------|
| Polk | Yes | Yes | Not Available | Yes |
| Pulaski | Yes | Not Available | Not Available | Yes |
| Putnam | Not Available | Not Available | Not Available | Yes |
| Richmond | Yes | Yes | Not Available | Yes |
| Rockdale | Yes | Yes | Yes | Yes |
| Screven | Not Available | Yes | Not Available | Yes |
| Seminole | Not Available | Not Available | Not Available | Yes |
| Spalding | Yes | Yes | Yes | Yes |
| Stephens | Not Available | Not Available | Not Available | Yes |
| Stewart | Yes | Not Available | Not Available | Yes |
| Sumter | Not Available | Not Available | Not Available | Not Available |
| Talbot | Yes | Not Available | Not Available | Yes |
| Taliaferro | Not Available | Not Available | Not Available | Yes |
| Tattnall | Not Available | Yes | Not Available | Yes |
| Taylor | Not Available | Yes | Not Available | Yes |
| Thomas | Not Available | Not Available | Not Available | Yes |
| Tift | Not Available | Not Available | Not Available | Yes |
| Toombs | Not Available | Not Available | Not Available | Yes |
| Troup | Not Available | Not Available | Not Available | Yes |
| Turner | Not Available | Not Available | Not Available | Yes |
| Twiggs | Yes | Not Available | Not Available | Yes |
| Upton | Not Available | Not Available | Not Available | Yes |
| Walker | Not Available | Yes | Not Available | Yes |
| Walton | Yes | Yes | Yes | Yes |
| Ware | Not Available | Not Available | Not Available | Yes |
| Warren | Yes | Not Available | Not Available | Yes |
| Washington | Yes | Not Available | Not Available | Not Available |
| Wayne | Not Available | Not Available | Not Available | Yes |
| White | Yes | Not Available | Not Available | Yes |
| Whitfield | Not Available | Yes | Not Available | Yes |
| Wilkes | Yes | Yes | Not Available | Yes |
| Wilkinson | Yes | Yes | Not Available | Yes |
| Worth | Not Available | Not Available | Not Available | Yes |

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

(HIPAA) ANNUAL NOTICE

This section describes certain rights available to you under the Health Insurance Portability and Accountability Act (HIPAA) when you enroll in the SHBP.

The PPO, PPO Choice and Indemnity Options (Basic and Premier) contain a pre-existing condition (PEC) limitation. Specifically, the Health Plan will not pay charges that are over \$1,000 for the treatment of any pre-existing condition during the first 12 months of a patient's coverage, unless the patient gives satisfactory documentation that he or she has been free of treatment or medication for that condition for at least six consecutive calendar months. If you are enrolling as a new hire, this 12-month period begins on your hire date. However, a pre-existing condition limitation does not apply to coverage for:

- ▶ Pregnancy; or
- ▶ Newborns or children under age 18 who are adopted or placed for adoption, if the child becomes covered within 31 days after birth, adoption or placement for adoption.

In certain situations, SHBP members and dependents can reduce the 12-month pre-existing condition limitation period. The reduction is possible by using what is called "creditable coverage" to offset a pre-existing condition period. Creditable coverage generally includes the health coverage you or a family member had immediately prior to joining the SHBP. Coverage under most group health plans, as well as coverage under individual health policies and governmental health programs, qualifies as creditable coverage.

To reduce the pre-existing condition limitation period for your own coverage, you must provide the SHBP with a certificate of creditable coverage from one or more former health plans or insurers that states when your prior coverage started and

ended. Any period of prior coverage will reduce the 12-month limitation period if the time between losing coverage and your first day of SHBP coverage does not exceed 63 days. If you are enrolling as a new hire, the 63-day period is measured from your last day of prior coverage up to your date of hire.

To reduce the pre-existing condition limitation period for your dependents (including your spouse), you must provide the SHBP with a certificate of creditable coverage stating when coverage started and ended for each dependent that you want to cover. Again, any period of prior coverage for that dependent will reduce the 12-month limitation period if no more than 63 days have elapsed between the dependent's loss of prior coverage and the first day of coverage under the SHBP (or your date of hire, if you are enrolling as a new hire).

If you or a dependent (including a spouse) had any break in coverage lasting more than 63 days, you or your dependent will receive creditable coverage only for the period of time after the break ended.

Within two years after your former coverage terminated, you have the right to obtain a certificate of creditable coverage from your former employer(s) to offset the pre-existing condition limitation period under the SHBP. The SHBP will evaluate your certificate of creditable coverage or other documentation to determine whether any of the pre-existing condition limitation period will be reduced or eliminated. After completing the evaluation, the SHBP will notify you as to how the pre-existing condition limitation period will be reduced or eliminated.

Please submit your certificate of creditable coverage to the Plan with your enrollment paperwork. If you require assistance in obtaining a letter from a former employer, contact your personnel/payroll office.

▶ WOMEN'S HEALTH & CANCER RIGHTS ACT

The Plan complies with the Women's Health and Cancer Rights Act of 1998. Mastectomy, including reconstructive surgery, is covered the same as other surgery under your Plan option.

Following cancer surgery, the SHBP covers:

- ▶ All stages of reconstruction of the breast on which the mastectomy has been performed.
- ▶ Reconstruction of the other breast to achieve a symmetrical appearance.
- ▶ Prostheses and mastectomy bras.
- ▶ Treatment of physical complications of mastectomy, including lymphedema.

Note: Reconstructive surgery requires prior approval and all inpatient admissions require MCP precertification.

For more detailed information on the mastectomy-related benefits available under the Plan, you can contact the Member Services unit for your coverage option. Telephone numbers are on the inside front cover.

▶ PENALTIES FOR MISREPRESENTATION

If a SHBP participant misrepresents eligibility information when applying for coverage, during change of coverage or filing for benefits, the SHBP may take adverse action against the participant, including but not limited to terminating coverage (for the participant and his or her dependent(s)) or imposing liability to the SHBP for fraud or indemnification (requiring payment for benefits to which the participant or his or her beneficiaries were not entitled). Penalties may include a lawsuit, which may result in payment of charges to the Plan or criminal prosecution in a court of law.

In order to avoid enforcement of the penalties, the participant must notify the SHBP immediately if a dependent is no longer eligible for coverage or if the participant has questions or reservations about the eligibility of a dependent. This policy may be enforced to the fullest extent of the law.

Disclaimer

This material is for informational purposes and is not a contract. It is intended only to highlight principal benefits of the medical plans. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the Plan documents, the Plan documents govern. It is the responsibility of each member, active or retired, to read all Plan materials provided in order to fully understand the provisions of the option chosen.

